



Complete Summary

TITLE

Obesity: percentage of eligible veterans screened for obesity within the past year.

SOURCE(S)

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of eligible veterans screened for obesity within the past year.

RATIONALE

Research has clearly shown links between excess weight and lack of physical activity and numerous disease processes, including psychiatric pathologies. This lifestyle affects an individual's quality of life. The health care costs resultant from excess weight and physical inactivity are considerable (over \$100 billion annually). There is no similar single health risk that is so prevalent and is connected with so many diseases and a decreased quality of life, and which is preventable - even surpassing the adverse effects of smoking. In FY06, obesity was associated with 5 of the 14 most common and most expensive diagnoses in the Veterans Health Administration (VHA).

Since the United States (U.S.) Surgeon General's Call to Action in January 2002, the recognition of epidemic proportions of obesity and inactivity in the U.S. has stirred intense governmental and academic interest in research and programmatic derivation. Veterans Affairs (VA) is uniquely positioned to pioneer and field a nationwide weight management and/or physical activity program. No other government or civilian health care organization has the magnitude of responsibility, the number of medical centers, the interconnectivity and intra-connectivity, the high standards of quality, or the central hierarchical organizational structure, as VA. No other organization or patient population holds the interest of Congress in the same way as VA and the veterans. VA can take the lead to define the blueprint for weight management for the Nation, while having a positive impact on reducing disease and associated costs, and increasing quality of life for the Nation's veterans.

Systematic identification of patients that would benefit from weight management treatment and ensuring that they are offered such services (either within our health care system or outside) is a necessary first step in ensuring that the VHA system is well-positioned to be a part of the larger health care and public health communities' efforts to stem the rising tide of obesity and its complications.

PRIMARY CLINICAL COMPONENT

Obesity screening

DENOMINATOR DESCRIPTION

All eligible veterans from the NEXUS Clinic Sample (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Eligible veterans screened for obesity (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [VA/DoD clinical practice guideline for screening and management of overweight and obesity.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Dietitians
Nurses
Occupational Therapists
Pharmacists
Physical Therapists
Physician Assistants
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Social Workers

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 18 to 69 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

See the "Rationale" field.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All eligible veterans from the NEXUS Clinic Sample*

*Refer to the original measure documentation for patient cohort description.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All eligible veterans from the NEXUS Clinic Sample*

*Refer to the original measure documentation for patient cohort description.

Exclusions

- Veterans younger than 18 or older than 69
- Veterans who are in hospice care or with a life expectancy of less than 6 months
- Veterans who are pregnant
- Veterans who have been hospitalized as inpatients (for any reason) within the prior 3 months
- Veterans who because of serious, competing health comorbidities at the time of screening would be unable to "reasonably participate" in a behaviorally-based treatment program or for whom the benefit of weight management treatment would be minimal to none at the time of screening. These may be temporary or permanent conditions and include (but are not limited to) acutely exacerbated substance abuse or mental health conditions, acutely exacerbated chronic medical conditions (e.g., congestive heart failure, chronic obstructive pulmonary disease [COPD], musculoskeletal illness/injury, acute moderate-serious infections or injuries, or moderate-severe chronic, progressive neurologic conditions (Amyotrophic lateral sclerosis [ALS], Parkinson's, Dementia, etc.) or complex social situations. This list of conditions is not exhaustive so clinicians should clearly document the reason why patient would not benefit or would be unable to "reasonably participate" in order for the patient to be excluded from the denominator under these exclusion criteria.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Eligible veterans screened* for obesity

***Screening:** For the purposes of this measure, "screening" refers to a cascade of events that begins with body mass index (BMI) calculation and documentation in the chart (in progress notes, vital signs, health summary). For those identified as "not at risk", screening is successfully completed upon BMI documentation in the chart (in progress notes, vital signs, health summary). For those identified as "at

risk," screening is successfully completed if brief information about the health risks of obesity is discussed with the patient and weight management treatment is offered to patient OR if documentation of participation in a weight management program (within Veterans Health Administration [VHA] or community-based) within the past year exists.

- **"At Risk":**
 - BMI greater than or equal to 30, OR
 - BMI equal to or greater than 25 but less than 30 with an associated obesity-associated condition or elevated waist circumference, OR
 - BMI less than 25 with elevated waist circumference
- **Not "at-risk":**
 - BMI less than 25 with normal or missing waist circumference, OR
 - BMI equal to or greater than 25 but less than 30 with no obesity-associated conditions and normal or missing waist circumference

Refer to original measure documentation for additional information.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Screening for obesity.

MEASURE COLLECTION

[Fiscal Year \(FY\) 2009: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Mission Critical Measures](#)

MEASURE SUBSET NAME

[Quality Individualized Measures](#)

DEVELOPER

Veterans Health Administration

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Unspecified

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Unspecified

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2009 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

MEASURE AVAILABILITY

The individual measure, "Screening for Obesity," is published in "FY 2009, Q2 Technical Manual for the VHA Performance Measurement System."

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NQMC STATUS

This NQMC summary was completed by ECRI Institute on December 1, 2009. The information was verified by the measure developer on March 22, 2010.

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